

|                                                                                                                                                        |                    |                                                                                                                                                                                                                 |          |                                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 114672</b>                                                                                                                                    |                    | <b>Due no later than Apr 30, 2014</b>                                                                                                                                                                           |          | <b>2. Registered Agent and Address (NO PO BOX)</b>                    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VALLEY LANDSCAPE & MAINTENANCE CO.<br>MATTHEW S CARLISLE<br>3050 NORTH MORGAN GROVE LANE<br>MERIDIAN ID 83646 |          | M SCOTT CARLISLE<br>3050 NORTH MORGAN GROVE LANE<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                                                 |          | 3. <u>New</u> Registered Agent Signature:*                            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                    |                                                                                                                                                                                                                 |          |                                                                       |         |             |  |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                                                                            | City     | State                                                                 | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | MATTHEW S CARLISLE | 3050 NORTH MORGAN GROVE LANE                                                                                                                                                                                    | MERIDIAN | ID                                                                    | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 114672</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: M.Scott Carlisle<br>Name (type or print): M.Scott Carlisle                                                                                                      |          |                                                                       |         |             |  |
|                                                                                                                                                        |                    | Date: 05/15/2014<br>Title: President                                                                                                                                                                            |          |                                                                       |         |             |  |
| Processed 05/15/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                                       |          |                                                                       |         |             |  |